

Washington State Department of HEALTH COVID-19 Preparedness and Outbreak **Control Checklist for Long Term Care Facilities**

The following checklist is intended to help guide long term care facilities in COVID-19 preparedness and outbreak management. This document is intended to provide recommendations and is not regulatory in nature. Healthcare facilities should ensure they meet regulatory requirements when creating policies and procedures. Please refer to regulatory agencies for regulatory requirements. Regulatory agencies include Centers for Medicare and Medicaid Services, the Washington State Department of Social and Health Services, and the Washington State Department of Labor and Industries. Local Health Jurisdictions (LHJs) may have additional recommendations. The LHJ may modify this facility checklist, as needed.

COVID-19 Preparedness Strategies	N/A	Date Completed
Vaccination		
 a. Promote resident vaccination by improving accessibility. • Offer regular vaccination clinics within the facility and/or arrange healthcare provider or pharmacy vaccination visits. • Educate residents and their families about the COVID-19 vaccine through Vaccines for COVID-19 CDC 		_/_/_
 b. Promote staff vaccination. Consider including staff vaccination requirements into facility policies. Offer employee incentives for up-to-date COVID vaccinations. 		_/_/_
 c. Coordinate for onsite vaccination clinics through vendor to increase vaccinations of both staff and residents. Resources available: Ask health coverage payor or primary provider if mobile teams are available. Coordinate with your long-term care pharmacy. Find your local health jurisdiction (LHJ) here: doh.wa.gov/local health Request help through the DOH survey: www.surveymonkey.com/r/DQ5K9WV 		
 d. Stay informed on COVID-19 vaccine recommendations and updates. 1. CDC Stay Up to Date with COVID-19 Vaccines 		_/_/_
Respiratory Hygiene and Cough Etiquette		

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	 Provide accessible "sanitization stations" throughout facility. These stations should include surgical masks and alcoholbased hand sanitizer. Post signage at the entrance of the facility asking visitors with symptoms of respiratory infection to cover mouth and nose when coughing or sneezing, use tissues and throw them away, and wash hands or use a hand sanitizer after touching mouth or nose. Consider sharing this material with your staff so they can learn more: Cough and Congestion Micro-Learn (cdc.gov) Ensure all staff members that provide care to residents are fit tested and trained in appropriate N95 respirator use. Fit testing ensures that the respirator is securely sealed is 	//
	required upon hire and is renewed annually.	
Ventil	ation and Filtration	
c. d. e. f.	 Maintaining HVAC systems helps to promote air flow and filtration which helps prevent virus particles from accumulating in indoor air. Create a schedule to make sure that filters are getting changed regularly according to manufacturer's instructions. Ensure filters are properly fitted. Use portable HEPA cleaners when air flow is not adequate in an area of the facility. Promote outdoor activities when appropriate. Ensure restroom and kitchen exhaust fans are functional and operate fully when the building is occupied. Use CDC recommendations for improving ventilation, found here. Learn more about ventilation here. Learn how to cool an indoor space without air conditioning here. 	//
Infect	ion Control Additional Resources to Review	
a)	CDC Infection Control Actions for Respiratory Viruses CDC COVID by County DOH Respiratory Illness Data Dashboard EPA Which Disinfectants Kill COVID-19? onal resources for residential care settings: Additional Information for Community Congregate Living Settings CDC COVID-19 Plan COVID-19 How to Protect Yourself and Others	//

COVID-19 Outbreak Interventions	N/A	Date Completed
Determine if COVID-19 is the Cause for Respiratory Symptoms		
a. Identify residents showing COVID-19 symptoms		_/_/_

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	 Immediately isolate residents until testing can be performed and results obtained. Residents with suspected or confirmed COVID-19 should be placed in a single-person room, if possible. The door should be kept closed if it is safe to do so. Cohorting residents may be considered if no single-person room is available. Please note that only COVID-19 positive residents should be roomed together, and/or COVID-19 negative residents should be roomed together. Resident should have a dedicated bathroom while on isolation. Test symptomatic individuals as soon as possible. If standing orders are not available, request point-of-care testing orders from healthcare provider. Make sure you have testing supplies in stock. Identify where you can get additional supplies. Consult CDC COVID-19 Testing: What You Need To Know Consider visiting local COVID testing sites if test supplies are low or if orders cannot be obtained quickly. 	
a.	 Identify staff members exhibiting COVID-19 symptoms. Inform staff members to report any COVID-19 symptoms to their supervisors and refrain from working until testing can be performed and results obtained. 	_/_/_
a.	exposed to COVID-19 should take precautions to prevent potential spread: 1. Skilled Nursing Facilities: Follow CDC SARS CoV-2 Infection Prevention and Control in Healthcare Settings recommendations. Exposed residents and/or staff members should wear source control (surgical mask or N95 respirator) for 10 days post-exposure. Exposed individual should follow CDC testing guidance and be tested immediately on post exposure day 1 (but not before 24 hours from exposure), day 3, and day 5 if they have not recovered from COVID-19 infection in the last 30 days. 2. All other long term care facilities: Follow CDC What to Do If You Were Exposed to COVID-19 community guidance. Exposed individuals should wear a mask for a full 10 days after the day of exposure (day of exposure = day 0), and get tested at least 5 full days after last exposure.	
Conta		 l , ,
a.	 Place residents who have tested positive for COVID-19 in aerosol contact precautions and post an <u>Aersol Contact Precaution sign</u> on door. Skilled Nursing Facilities: Positive residents should remain in isolation until all the following criteria have been met: 	

 At least 10 days have passed since symptoms first appeared. 	
 At least 24 hours have passed since last fever without the 	
use of fever-reducing medications.	
 Symptoms of respiratory infection have improved. 	
2. All other long term care facilities: Positive residents should	
follow CDC Isolation Recommendations for People With	
COVID.	
 Positive residents should remain in isolation for at least 5 	
days since symptoms first appeared. They may end	
isolation after 5 days if their symptoms have improved	
and they have not had a fever in the past 24 hours	
(without the use of fever-reducing drugs).	
 After ending the 5-day isolation, the resident should wear 	
a mask while around others for an additional 5 days.	
(through day 10 since symptoms first appeared).	
Healthcare providers entering the positive resident's	
room should continue to wear an N95 respirator, a gown,	
gloves, and eye protection for the additional 5 days after	
isolation has ended. a. Healthcare providers who tested positive for COVID-19 should	/ /
a. Healthcare providers who tested positive for COVID-19 should follow the recommendations for their setting:	
1. Skilled Nursing Facilities: Positive staff be excluded from	
work until they meet CDC Return to Work Criteria.	
Healthcare providers with mild to moderate illness who are	
not moderately to severely immunocompromised could	
return to work after all the following criteria have been met:	
 At least 7 days have passed since symptoms first 	
appeared and their viral test is negative in the 48 hours	
prior to returning to work. Or, wait 10 days if testing is	
not performed or if their viral test is positive at day 5-7.	
 At least 24 hours have passed since last fever without the 	
use of fever reducing medications.	
 Symptoms of respiratory infection have improved. 	
2. All other long term care facilities: Positive staff should	
follow CDC Isolation Recommendations for People With	
COVID.	
Positive staff should remain off work for at least 5 days	
since symptoms first appeared. They may end isolation	
and return to work after 5 days if their symptoms have	
improved and they have not had a fever in the past 24 hours (without the use of fever-reducing drugs).	
After ending the 5-day isolation, the staff member should	
wear a mask while around others for an additional 5 days	
(through day 10 since symptoms first appeared).	
Communicate	
a. Refer to the <u>Investigations/Reporting Thresholds and Outbreak</u>	//
<u>Definitions for COVID-19 for Healthcare Settings.</u>	

b.	When to report:		
	 1 or more individual(s) who tested positive for COVID-19 	ļ	
	(residents or staff).	ļ	
	 ≥3 cases of acute illness compatible with COVID-19 in 		
	residents with onset within a 72-hour period.		
	 Continue reporting all new cases throughout the 		
	investigation/outbreak.		
c.	Who to report to:		
	 Report to your <u>LHI</u> directly or use FONT (if provided by 		
	the LHJ).		
	 Report to Residential Care Services (RCS): Adult Family 		
	Homes, Assisted Living Facilities, Extended Stay		
	Facilities, Nursing Homes are considered healthcare		
	facilities by definition under WAC 246-101-010.		
	 Each of these programs has specific regulations related to 		
	Outbreak reporting to CRU CRU reporting	ļ	
a.	Consider opening a COVID-19 unit or designated area.		
	 If possible, dedicate separate staff to the care of residents 		
	with COVID-19. Staff members who have recently		
	recovered from COVID-19 acute illness may be best suited		
	for this role.		
	 If private rooms are not available for COVID-19 positive 	ļ	
	residents, cohorting positive residents is recommended.		
a.	Implement universal source control on the unit or area for both		
	staff and residents. Source control for healthcare providers can	ļ	
	be a NIOSH-approved N95 respirator or a well-fitting face mask.		
	For N95s to be effective, fit testing and training are needed.		
	Surgical masks may be more appropriate source control for		
	residents.		
	 Ensure staff knows how to perform an <u>N95 seal check</u> 		
a.	Educate staff, visitors, and residents about the importance of		//
	following outbreak control activities:		
	 Provide regular briefings to staff residents outlining the 		
	status of the outbreak and outbreak control activities		
	being implemented.		
	 Provide information about the transmission of COVID-19 		
	and infection control procedures.		
	 Provide clear guidelines on how to report new ill 		
	patients, new ill staff, isolation/PPE bins that need to be		
	stocked, etc.		
a.	Ensure residents and visitors are aware of the outbreak by		//
	posting signs at entry/exit and sending email notifications.		
Mana	ge the Outbreak		
a.	Identify new cases by testing all residents and staff who have		//
	been in close contact with a COVID-19 positive individual.		
	 Identify staff who can assist with specimen collection. 		
	 Designate a point person to receive and track results. 		

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	 Obtain order for testing from a licensed provider (DOH, LHJ, or Other). 	
b.	If all potential contacts cannot be identified, then broad-based	
	testing is recommended. Broad-based testing includes unit-wide or facility-wide testing. Broad-based testing includes all	
	residents and staff present in the <u>unit or</u> facility two days prior	
	to onset of identified case.	
c.	Follow LHJ guidance regarding testing recommendations.	
d.	Maintain a line list of residents and staff using this template.	
e.	Cleaning and disinfecting surfaces and shared equipment with	
	COVID-19 disinfectants.	, ,
a.	Continue re-testing all appropriate residents and staff on who	//
	previously tested <u>negative</u> every 3-7 days for a minimum of 14	
	days from most recent positive result, or until your LHJ recommends ending outbreak.	
a.	Consult with your LHJ regarding any restrictions or limitations on	/ /
	communal dining or activities.	
b.		
	admissions to the facility until you can clarify the extent of	
	transmission and implement appropriate interventions.	
a.	Provide appropriate <u>PPE resources</u> for staff members, residents,	
	and visitors:	
	 PPE should be in an accessible, organized container outside of the resident room. 	
	 N95 respirators, gowns, gloves, and eye protection is 	
	required to be donned prior to entering a COVID-19 room	
	Place a trash can inside the resident's room, near the	
	door. Remove and immediately dispose of gloves and	
	gown, before exiting resident room.	
	 After leaving the resident's room, remove and dispose of 	
	the N95 respirator. Replace it with an unused N95	
	respirator. Remove eye protection. Either dispose of or	
	clean the eyewear appropriately depending on if it is reusable. Perform hand hygiene after removing/replacing	
	N95 and eye protection.	
	 Continue to reassess PPE supply and replenish isolation 	
	carts regularly. Consider using the CDC PPE Burn Rate	
	Calculator.	
	 Ask visitors to use PPE according to <u>this document.</u> 	
a.	Consult healthcare provider regarding use of therapeutics for	_/_/_
	COVID-19 positive cases. Consider any contraindications for	
L.	residents.	
b.	If an appointment with a healthcare provider is necessary and the resident is unable to see their primary care provider or visit a	
	local urgent care, you can schedule at <u>Free Telehealth</u>	
	Appointments for COVID-19 Treatment Washington State	
	Department of Health	

C.	For more information on therapeutics for COVID-19, please visit Therapeutics Information for Health Care Providers Washington State Department of Health	
Retur	ning to Normal Operations	
	Follow LHJ recommendations regarding ending outbreak status. Resume normal operations in line with state and national guidance.	_/_/_
	As appropriate, remove isolation signs <i>after</i> environmental services staff clean and disinfect the area.	
C.	Educate/inform resident when isolation has been completed. Also update care team when the resident no longer requires isolation.	